

# THE CONTINUING EDUCATION COORDINATOR'S ***BULLETIN***

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INFORMATION AND IDEAS FROM THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER

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NUMBER 2

OCTOBER, 1992

## ABOUT THIS "BULLETIN"....

This is the second issue of this Continuing Education Coordinator's *Bulletin* published monthly by the IHS Clinical Support Center. In it each month we will tackle one or two aspects of the continuing education process to try to help you with your CE efforts at your service unit or program. We encourage you to let us know what topics you would like covered; chances are if you have questions about something, so do many other CE Coordinators.

Please save these *Bulletins* so that they may be used by others who may follow in your footsteps. In the not-too-distant future, we will distribute *Policies and Procedures* and a simplified (we think) *CE Coordinators Manual* which, together with these periodic updates, should provide a comprehensive set of instructions for the CE planner.

If you are not on the mailing list for this *Bulletin* and you wish to be added to it, please give Carrie Dallas a call at 602-263-1581, or write to us at:

The IHS Clinical Support Center  
4212 North 16th Street  
Phoenix, Arizona 85016

Contacts: Steve Foster, RPh, PharmD, Pharmacist Educator; Wilma Morgan, MS, FNP, Nurse Educator; John Saari, MD, Physician Educator

## REPORTING ATTENDANCE

We are enclosing several samples of a "**Summary Attendance Report Form**" that you may want to xerox and use to report the participant data following conferences, meetings, courses, and so on. Those of you coordinating an hourly series should continue to report attendance data in the usual manner on the "Documentation" Forms.

Each item on the form is important, and so we ask that they be filled out completely. The "address" is needed if we are to send certificates directly to the attendee. If all certificates are to be sent back to the coordinator for distribution, the address may be omitted.

The "profession" is necessary for our summary reports and record keeping. Examples of professions would be MD, RN, RPh, CNM, LPN, PA, NP, etc..

The "hours" should be the tabulated total (if, for example, this is from a multiple day meeting) of verified participation. If there are data from several sessions or days, we ask that you add up the hours for each participant and submit only the total. The hours awarded are generally broken down by half-day segments in our letter to you agreeing to sponsor the activity; these hours

awarded are the ones to use in calculating totals. If someone attended only part of a session, calculate hours accordingly.

You will note that we are now asking for the Social Security Number (SSN). We will be using this number as a unique identifier for each individual in our data system so that, in the future, we will be able to send individuals their transcripts or summaries of all CSC sponsored events in which they have participated and for which they have earned continuing education hours or units. You may explain to participants that this is for our own internal data system only and will allow us to provide them a useful service in the future.

As a coordinator, you will be pleased to hear that the SSN will also allow us to begin using our "Mark-Sense" reader (the equipment that reads those response forms on which you "fill in the bubbles"). Using the Mark-Sense reader will eventually allow us to offer you a set of standardized registration and evaluation forms from which to choose; these will then be sent directly to us for automated reading, data entry, and analysis. You will be able to receive printouts of the registration data, attendance, and a summary of the evaluation responses. All of this should make your job and our job easier, but it will require the use of the Social Security Number.

All of the information on the **"Summary Attendance Report Form"** should be typed. A name that is recognizable to you, who already know who the person is, may lose something in xeroxing, faxing, etc.. In our experience, instructions to "please print" have little effect and almost always such sheets have to be returned for you for translation. It is easier to type them the first time around.

A critical question for you, then, is, How do you collect the information in the first place so that it is legible? We are also enclosing a sample **"Registration form"** that may help you solve that.

Also enclosed is are two forms that others have found useful to collect the attendance data at meetings. One, the **"Sign-in Sheet"** is useful for recording attendance at successive sessions at meetings for which this is practical (for example, 20 people attending a two-day course could sign in on a sheet each morning and afternoon). These data can then be tabulated by you on the **"Summary"** described above.

If you do not use a registration form to obtain the Social Security Number and other information, you will need to use the sign in sheet to do so.

At larger meetings (for example 150 attendees over several days) sign-in sheets may be impractical. In that situation, we recommend the use of the **"Documentation of Attendance Form,"** on which participants record their own attendance. This and how to tabulate the hours will be discussed in the next **Bulletin**.

Feel free to choose from these forms, reproduce them, modify them, or whatever. If you feel you have an idea to improve their usefulness, let us know and we will modify them for you; chances are others will find it useful, too.

How does this help you? It will allow us to provide you with more services, with a faster response time. Eventually some of the clerical tasks (tabulating evaluations and attendance) will be done for you. By improving our efficiency, we will be able to handle the ever increasing workload of

continuing education sponsorship in the IHS.

## THE BOTTOM LINE....

The most important thing to remember is to call us at the Clinical Support Center as soon as you *think* about planning a continuing education activity. Our number is:

602-263-1581

FAX 602-263-1582.

Our address is:

CLINICAL SUPPORT CENTER

4212 N. 16TH ST.

PHOENIX, AZ 85016

## SUMMARY ATTENDANCE REPORT FORM

NAME NO.	PROF	ADDRESS	HOURS	SOCIALSECURITY



# SUMMARY ATTENDANCE REPORT FORM

[illegible]

## SUMMARY ATTENDANCE REPORT FORM

NAME	PROF	ADDRESS	HOURS	SS #
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				

## REGISTRATION FORM

COURSE:

COURSE #

LOCATION:

DATE(S):

NAME:

ADDRESS:

CITY

STATE

ZIP

SSN:

IHS AREA:

FACILITY:

EMPLOYED BY: ☐ IHS ☐ TRIBAL ☐ OTHER (SPECIFY)

PROFESSION: ☐ MD ☐ RN ☐ RPh

☐ PA ☐ LPN ☐ PP

☐ NP ☐ OTHER (SPECIFY)



## DOCUMENTATION OF ATTENDANCE

IN ORDER TO RECEIVE A CERTIFICATE FOR PARTICIPATING IN THIS ACTIVITY, YOU MUST HAND IN THIS COMPLETED FORM BEFORE YOU LEAVE.

PLEASE PRINT LEGIBLY; THIS INFORMATION WILL BE USED TO CREATE AND MAIL YOUR CERTIFICATE.

NAME:

PROFESSION:

ADDRESS:

CITY

STATE

ZIP

PHONE: (    )

PARTICIPATION: DAY 1 am ☐ FULL SESSION ☐ OR \_\_ HOURS

HOURLY PRESENTATION  
SIGN-IN SHEET

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ PRESENTER'S NAME: \_\_\_\_\_

NAME (Typed or Printed)	PROFESSION	SOCIAL SECURITY NUMBER	INITIALS
1			
2			
3			
4			
5			
6			
7			
8			
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10			
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## SIGN-IN SHEET

COURSE:

DATE:

SESSION:

NAME	PROFESSION	SOCIAL SECURITY NUMBER
1		
2		
3		
4		
5		
6		
7		
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